

18205 ✓

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUN 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Independence Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether years, months or days)
 In this community 35 years

3. (a) PRINT FULL NAME AURELIA M. BIGGS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. Z. H. Biggs 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased December 12 1858
 (Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Skylar Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Gregory

13. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Lovena Sheldon

15. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant William B. Biggs

(b) Address R. R. # 3 Independence, Mo.

17. (a) Burial (b) Date thereof 5/22/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Claremont, Missouri

18. (a) Signature of funeral director George C. Carson
 (b) Address Independence, Missouri

19. (a) 5/22/44 (b) James W. Ross
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Independence (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. R. # 3
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
 year 1944 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 13 (13) 1944
 that I last saw him alive on May 19, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulmonary Embolism (fat) Fracture of femur Interosseous fracture

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations 186a

Of autopsy 18

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 13, 1944

(c) Where did injury occur? In Jackson Co., Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home — farm home
 (Specify type of place)

While at work at home (e) Means of injury Fall into cellar

23. Signature Wesley Brannock (M.D. or other)

Address Independence, Mo Date signed 5/22/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *41199*

P. O. Address..... *Independence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.